

## [COMMITTEE PRINT]

JUNE 16, 1999

**[As Approved by the Subcommittee on Employer-Employee  
Relations on June 16, 1999]**

106TH CONGRESS  
1ST SESSION

# H. R. 2041

To amend title I of the Employee Retirement Income Security Act of 1974 to provide to participants and beneficiaries of group health plans access to obstetric and gynecological care.

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 8, 1999

Ms. GRANGER (for herself, Mrs. KELLY, Mrs. WILSON, and Ms. PRYCE of Ohio) introduced the following bill; which was referred to the Committee on Education and the Workforce

[Strike out all after the enacting clause and insert the part printed in *italie*]

[For text of introduced bill, see copy of bill as introduced on June 8, 1999]

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## A BILL

To amend title I of the Employee Retirement Income Security Act of 1974 to provide to participants and beneficiaries of group health plans access to obstetric and gynecological care.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 *This Act may be cited as the “Patient Right to Obstet-*  
3 *ric and Gynecological Care Act of 1999”.*

4 **SEC. 2. PATIENT ACCESS TO OBSTETRIC AND GYNECO-**  
5 **LOGICAL CARE.**

6 *(a) IN GENERAL.—Subpart B of part 7 of subtitle B*  
7 *of title I of the Employee Retirement Income Security Act*  
8 *of 1974 is amended by adding at the end the following new*  
9 *section:*

10 **“SEC. 714. PATIENT ACCESS TO OBSTETRIC AND GYNECO-**  
11 **LOGICAL CARE**

12 *“(a) IN GENERAL.—In any case in which a group*  
13 *health plan (or a health insurance issuer offering health in-*  
14 *surance coverage in connection with the plan)—*

15 *“(1) provides benefits under the terms of the plan*  
16 *consisting of—*

17 *“(A) gynecological care (such as preventive*  
18 *women’s health examinations); or*

19 *“(B) obstetric care (such as pregnancy-re-*  
20 *lated services),*

21 *provided by a participating physician who specializes*  
22 *in such care (or provides benefits consisting of pay-*  
23 *ment for such care); and*

24 *“(2) requires or provides for designation by a*  
25 *participant or beneficiary of a participating primary*  
26 *care provider,*

1 *if the primary care provider designated by such a partici-*  
2 *pant or beneficiary is not such a physician, then the plan*  
3 *(or issuer) shall meet the requirements of subsection (b).*

4 “(b) *REQUIREMENTS.—A group health plan (or a*  
5 *health insurance issuer offering health insurance coverage*  
6 *in connection with the plan) meets the requirements of this*  
7 *subsection, in connection with benefits described in sub-*  
8 *section (a) consisting of care described in subparagraph (A)*  
9 *or (B) of subsection (a)(1) (or consisting of payment there-*  
10 *for), if the plan (or issuer)—*

11 “(1) *does not require authorization or a referral*  
12 *by the primary care provider in order to obtain such*  
13 *benefits; and*

14 “(2) *treats the ordering of other care of the same*  
15 *type, by the participating physician providing the*  
16 *care described in subparagraph (A) or (B) of sub-*  
17 *section (a)(1), as the authorization of the primary*  
18 *care provider with respect to such care.*

19 “(c) *CONSTRUCTION.—Nothing in subsection (b)(2)*  
20 *shall waive any requirements of coverage relating to medi-*  
21 *cal necessity or appropriateness with respect to coverage of*  
22 *gynecological or obstetric care so ordered.*

23 “(d) *TREATMENT OF MULTIPLE COVERAGE OP-*  
24 *TIONS.—In the case of a plan providing benefits under two*  
25 *or more coverage options, the requirements of this section*

1 *shall apply separately with respect to each coverage op-*  
2 *tion.”.*

3 (b) *CONFORMING AMENDMENT.—The table of contents*  
4 *in section 1 of such Act is amended by adding at the end*  
5 *of the items relating to subpart B of part 7 of subtitle B*  
6 *of title I of such Act the following new item:*

*“Sec. 714. Patient access to obstetric and gynecological care.”.*

7 **SEC. 3. EFFECTIVE DATE AND RELATED RULES.**

8 (a) *IN GENERAL.—The amendments made by this Act*  
9 *shall apply with respect to plan years beginning on or after*  
10 *January 1 of the second calendar year following the date*  
11 *of the enactment of this Act, except that the Secretary of*  
12 *Labor may issue regulations before such date under such*  
13 *amendments. The Secretary shall first issue regulations nec-*  
14 *essary to carry out the amendments made by this Act before*  
15 *the effective date thereof.*

16 (b) *LIMITATION ON ENFORCEMENT ACTIONS.—No en-*  
17 *forcement action shall be taken, pursuant to the amend-*  
18 *ments made by this Act, against a group health plan or*  
19 *health insurance issuer with respect to a violation of a re-*  
20 *quirement imposed by such amendments before the date of*  
21 *issuance of regulations issued in connection with such re-*  
22 *quirement, if the plan or issuer has sought to comply in*  
23 *good faith with such requirement.*

24 (c) *SPECIAL RULE FOR COLLECTIVE BARGAINING*  
25 *AGREEMENTS.—In the case of a group health plan main-*

1 *tained pursuant to one or more collective bargaining agree-*  
2 *ments between employee representatives and one or more*  
3 *employers ratified before the date of the enactment of this*  
4 *Act, the amendments made by this Act shall not apply with*  
5 *respect to plan years beginning before the later of—*

6 *(1) the date on which the last of the collective*  
7 *bargaining agreements relating to the plan terminates*  
8 *(determined without regard to any extension thereof*  
9 *agreed to after the date of the enactment of this Act);*  
10 *or*

11 *(2) January 1, 2002.*

12 *For purposes of this subsection, any plan amendment made*  
13 *pursuant to a collective bargaining agreement relating to*  
14 *the plan which amends the plan solely to conform to any*  
15 *requirement added by this Act shall not be treated as a ter-*  
16 *mination of such collective bargaining agreement.*